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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>For #2</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/09/2012
NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 157 SS-D	<p><b>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</b></p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, hospital record review, and interview, the facility failed to notify</p>	F 157	<p>F157 Notification of changes</p> <p>Resident #4 had a change and physician was notified in an untimely manner. The facility has a communication form that goes with the resident when they are sent out of the facility for services not provided within the facility. This form was implemented in December of 2012. The nursing staff was not using it in all transfers from facility. This has been addressed. An in-service was given by the Director of Nursing on 7/25/2012 at 1 and 2pm, a second in-service was held on 7/31/2012 for compliance of 100% of the licensed and registered nursing staff which covered using the form and the already standing policy and procedure of physician notification, significant changes in status, incidents, and notification of the responsible party of the residents.</p>	7/31/2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

my deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157	<p>Continued From page 1</p> <p>the attending physician regarding a change in a resident's status for one (#4) of five residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed resident #4 was admitted to the facility on June 28, 2006 with diagnoses to include Cellulitis, Sepsis, Chronic Obstructive Pulmonary Disease, Right Middle Cerebral Artery Infarction, left Above Knee Amputation, Peripheral Vascular Disease, Diabetes Mellitus, and Hypertension.</p> <p>Review of the Minimum Data Set dated June 6, 2012, revealed the resident was severely impaired cognitively; was unable to communicate; required assistance of two people for transfers, dressing, and bathing; received tube feeding of Jevity 1.2 calories at 50 ml (milliliters) an hour; had a foley catheter in place; and was incontinent of stool.</p> <p>Review of a hospital visit dated April 26 - May 10, 2012, revealed the resident had bronchitis, right upper extremity cellulitis, sepsis, and absent gag reflex. Continued review of the April 26, 2012 admission revealed the resident had a percutaneous endoscopic gastric tube (tube inserted directly into the stomach) (PEG) in place and a jejunostomy tube (JET) inserted as well because the resident had recurrent aspirations (fluids backed up into lungs). Further review of the discharge summary revealed " ...Specifically the nurses will be instructed the medications must be very thin to go through this JET tube. This is a much thinner diameter than the PEG. They are not to attempt to force thick medication</p>	F 157	<p>The form is a communication tool. It states upon it that it is to return to facility with the resident after services rendered.</p> <p>If not returned to our facility the charge nurse on that wing assigned to the resident is to contact that office/service provider and request it or physician orders.</p> <p>Upon its return with the resident it must be faxed by the charge nurse assigned to the resident to the primary care physician and the charge nurse assigned to the resident is to confirm that the physician's office has received the fax either by a telephone call or fax confirmation.</p> <p>Additionally, any forms returned to the facility from the service provider will be faxed to the primary care physician</p>	

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F 157	<p>Continued From page 2</p> <p>through this tube. They will need to flush thoroughly after each medication pass ...".</p> <p>Review of the physician's readmission orders dated May 10, 2012, revealed a note with an asterisk beside it " ...Meds must be very thin to go through JET tube. This is much thinner diameter than PEG. Do not attempt to force thick meds through. Flush thoroughly after each med pass ...".</p> <p>Review of the Observation Record completed by the physician dated May 13, 2012, revealed resident was " ...sent back to the hospital after the nursing home staff either did not understand the restrictions for the feeding tube or were unable to comply with them or what appears to be an error and passed medication down the wrong tube ...". Continued review of the notes revealed "...the nurse heard the tube pump start beeping about 6:30 a.m. They attempted to manually dislodge the occlusion. They attempted to flush with coke without success ...". Further review of the notes revealed " ...More than likely it is a pill fragment despite being told not to do that. We have to order a whole other J-tube which would require a separate procedure which puts the patient at increased risk of another procedure and sedation which leaves me quite frustrated at this point ...".</p> <p>Review of an operative report dated May 15, 2012, revealed procedure performed was " ...Change of PEG tube and change of jejunostomy tube with unclogging of the jejunostomy tube and repositioning into the duodenum via endoscope ...". Continued review of the operative report revealed the resident was</p>	F 157	<p>by the charge nurse assigned to the resident on the wing so there is no confusion as to what service the resident received when outside the facility.</p> <p>The QA nurse, Director of Nursing and two other facility RNs will complete a chart audit on each wing by 8/10/2012 to identify if any other notifications have been missed. 100% of charts will be audited by 8/10/2012.</p> <p>The QA nurse and assigned RNs do chart audits. The item of proper notification to physician, resident, legal representative or responsible party has been added to the audit on 7/25/2012 and will be included in the weekly chart audits. The findings will be corrected if any deficits in a timely manner by the charge nurse</p>	<p>8/10/12</p> <p>7/25/12</p>	

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NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570		
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F 157	<p>Continued From page 3 sedated with 120 mg of Propofol (sedative).</p> <p>Review of Physician Documentation from the hospital dated June 17, 2012, revealed the patient presented to the Emergency Department for "...G tube not functioning...". Continued review of physician documentation on June 17, 2012, at 10:35 a.m., revealed "...the G-tube not operational while applying pressure to dislodge rupture of outer tubing the J-tube is functional have flushed 180 ml of tap water without difficulty. Spoke with...(named nurse) at nursing home of tube condition and that...should make PCP (personal care physician) aware for follow-up...". Further review of physician documentation dated June 15, 2012, at 11:38 a.m., revealed "...removed J &amp; G tube combination 20Fr (French) tolerated well. Took out 15 ml liquid from tube; replaced immediately with G-tube 20Fr placing 20 ml of NS (normal saline) to inflate tube. Tolerated well. X-ray to check placement..."</p> <p>Review of the discharge orders revealed "...All meds are to be crushed for at least 1 min (minute) then diluted per facility policy to a very thin consistency. Meds given through G-tube. The med port is RED..."</p> <p>Medical record review of nursing notes revealed no documentation the attending physician had been notified of the Emergency Department visit and the insertion of a G-tube only.</p> <p>During interview on July 9, 2012, at 2:50 p.m. in the sunroom, the Administrator and DON confirmed the attending physician was not notified as requested by the Emergency Department physician and documented in the</p>	F 157	<p>assigned to the resident on the wing.</p> <p>The QA committee meets quarterly for the compliance findings. These will be presented at the meetings and the committee will discuss and review any course of action needed to be followed to ensure compliance.</p>		

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NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570		
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F 157	Continued From page 4 discharge instructions the J-tube had become dislocated and was replaced with a G-tube.	F 157	F281 Services Provided Meet Professional Standards		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide care to meet professionally accepted standards for one (#4) of five residents reviewed.  The findings included:  Medical record review revealed resident #4 was admitted to the facility on June 28, 2006 with diagnoses to include Cellulitis, Sepsis, Chronic Obstructive Pulmonary Disease, Right Middle Cerebral Artery Infarction, left Above Knee Amputation, Peripheral Vascular Disease, Diabetes Mellitus, and Hypertension.  Review of the Minimum Data Set dated June 6, 2012, revealed the resident was severely impaired cognitively; was unable to communicate; required assistance of two people for transfers, dressing, and bathing; received tube feeding of Jevity 1.2 calories at 50 ml (milliliters) an hour; had a foley catheter in place; and was incontinent of stool.  Review of a hospital visit dated April 26 - May 10, 2012, revealed the resident had bronchitis, right upper extremity cellulitis, sepsis, and absent gag	F 281	Resident # 4 returned To facility with whole medications though the resident is a tube fed resident and the resident had been sent out of the facility with tube clogged. The MD states that the clog was due to medication. All medications were reviewed by pharmacy on 7/25/2012 and medications that could be changed to liquid form have been, and the MD was contacted by the charge nurse assigned the resident concerning the non-soluble medication. The MD allowed the change and order was noted. MD discontinued the non soluble medication on 7/25/2012 post labs. Middle Tennessee Pharmacy the facility provider was made aware of tube fed residents at this facility by the DON and a review was	7/25/12	

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NAME OF PROVIDER OR SUPPLIER

OVERTON COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE  
318 BILBREY STREET  
LIVINGSTON, TN 38570

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	<p>Continued From page 5</p> <p>reflex. Continued review of the April 26, 2012 admission revealed the resident had a percutaneous endoscopic gastric tube (tube inserted directly into the stomach) (PEG) in place and a jejunostomy tube (JET) inserted as well because the resident had recurrent aspirations (fluids backed up into lungs). Further review of the discharge summary revealed " ...Specifically the nurses will be instructed the medications must be very thin to go through this JET tube. This is a much thinner diameter than the PEG. They are not to attempt to force thick medication through this tube. They will need to flush thoroughly after each medication pass ...".</p> <p>Review of the physician's readmission orders dated May 10, 2012, revealed a note with an asterisk beside it " ...Meds must be very thin to go through JET tube. This is much thinner diameter than PEG. Do not attempt to force thick meds through. Flush thoroughly after each med pass ...".</p> <p>Continued review of physician orders dated May 10, 2012, revealed no documentation the nurse had notified the physician of the number of medications the resident was receiving which all had to be crushed. Further review of physician orders revealed no documentation the physician was asked to change the order for medications from oral/crushed to liquid for easier administration through the J-tube which had a very thin diameter.</p> <p>Review of the Observation Record completed by the physician dated May 13, 2012, revealed resident was " ...sent back to the hospital after the nursing home staff either did not understand</p>	F 281	<p>requested to change what medications could be to liquid form.</p> <p>All medications that can be changed have. This was requested by the DON with MD approval on 7/25/2012.</p> <p>The pharmacy audited 100% of residents receiving tube feedings on 7/25/2012 and changes were made to medications with MD approval.</p> <p>The pharmacy will do this with any future admissions or readmissions of tube fed residents so this does not happen again. The pharmacy will be notified by the charge nurse receiving the resident on the wing if the resident receives tube feedings.</p> <p>The QA nurse will monitor the tube fed residents post admission or readmission orders once the licensed nurses have verified orders. An RN is assigned to each wing in the facility to check the orders against the MD orders and the MARS as a last check.</p>	

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NAME OF PROVIDER OR SUPPLIER

OVERTON COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE  
318 BILBREY STREET  
LIVINGSTON, TN 38570

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F 281	<p>Continued From page 6</p> <p>the restrictions for the feeding tube or were unable to comply with them or what appears to be an error and passed medication down the wrong tube ...". Continued review of the notes revealed ... "the nurse heard the tube pump start beeping about 6:30 a.m. They attempted to manually dislodge the occlusion. They attempted to flush with coke without success ...". Further review of the notes revealed " ...More than likely it is a pill fragment despite being told not to do that. We have to order a whole other J-tube which would require a separate procedure which puts the patient at increased risk of another procedure and sedation which leaves me quite frustrated at this point ...".</p> <p>Review of an operative report dated May 15, 2012, revealed procedure performed was " ...Change of PEG tube and change of jejunostomy tube with unclogging of the jejunostomy tube and repositioning into the duodenum via endoscope ...". Continued review of the operative report revealed the resident was sedated with 120 mg of Propofol (sedative).</p> <p>Review of Physician Documentation from the hospital dated June 17, 2012, revealed the patient presented to the Emergency Department for "...G tube not functioning...". Continued review of physician documentation on June 17, 2012, at 10:35 a.m., revealed "...the G-tube not operational while applying pressure to dislodge rupture of outer tubing the J-tube is functional have flushed 180 ml of tap water without difficulty. Spoke with...(named nurse) at nursing home of tube condition and that...should make PCP (personal care physician) aware for follow-up...". Further review of physician documentation dated</p>	F 281	<p>The QA committee will meet Quarterly to evaluate effectiveness and compliance of medication orders into liquid form for residents requiring tube feedings.</p>	

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NAME OF PROVIDER OR SUPPLIER

OVERTON COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE  
318 BILBREY STREET  
LIVINGSTON, TN 38570

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F 281	<p>Continued From page 7</p> <p>June 15, 2012, at 11:36 a.m., revealed "...removed J &amp; G tube combination 20Fr (French) tolerated well. Took out 15 ml liquid from tube; replaced immediately with G-tube 20Fr placing 20 ml of NS (normal saline) to inflate tube. Tolerated well. X-ray to check placement..."</p> <p>Review of the discharge orders revealed "...All meds are to be crushed for at least 1 min (minute) then diluted per facility policy to a very thin consistency. Meds given through G-tube. The med port is RED..."</p> <p>Review of a hospital discharge summary dated June 27, 2012, revealed the resident was admitted for dislodged jejunostomy feeding tube and chronic left lower lobe pneumonia. Further review revealed the physician's statement "...Contrary to my orders, I was not notified for almost 10 days after the tube being dislodged. Patient had been put back on regular tube feeds through the G-tube which is contraindicated in this patient who has multiple evidences of recurrent aspiration ...". Further review revealed the resident had the jejunostomy tube replaced through the PEG tube.</p> <p>Review of admission orders dated June 29, 2012, revealed "...J-tube port = tube feeds only; G-tube port = meds. If J-tube becomes unusable hold tube feeds and notify MD on next business day no later than 8:00 a.m. ...".</p> <p>During interview on July 9, 2012, at 2:50 p.m. in the sunroom, the Administrator and DON confirmed the nurse administered medications via the J-tube instead of the G-tube, causing the J-tube to become clogged and necessitated</p>	F 281		



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STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

445419

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY  
COMPLETED

C

07/09/2012

NAME OF PROVIDER OR SUPPLIER

OVERTON COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

318 BILBREY STREET

LIVINGSTON, TN 38570

(X4) ID  
PREFIX  
TAG

SUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  
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PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETION  
DATE

F 281

Continued From page 8

replacement of the tube. During continued interview the Administrator confirmed the nurse had not called the physician to request an order to change the medications to an oral form for easier administration.

F 322  
SS-D

483.25(g)(2) NG TREATMENT/SERVICES -  
RESTORE EATING SKILLS

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, hospital admission records, and interview, the facility failed to provide appropriate care to prevent aspiration for one (#4) of five residents reviewed.

The findings included:

Medical record review revealed resident #4 was admitted to the facility on June 28, 2006 with diagnoses to include Cellulitis, Sepsis, Chronic Obstructive Pulmonary Disease, Right Middle Cerebral Artery Infarction, left Above Knee Amputation, Peripheral Vascular Disease, Diabetes Mellitus, and Hypertension.

Review of the Minimum Data Set dated June 6, 2012, revealed the resident was severely impaired cognitively; was unable to communicate;

F 281

F322 NG Treatment/Services  
Restore Eating Skills

F 322

Resident #4 feeding tube clogged by MD statement appears to be from medication that was not dissolved.

Resident #4 received A second Jet tube due to failure of previous tube.

A representative from Abbot Nutritionals is scheduled to in-service the nursing staff on August 7, 2012 on tube type, use of medications via the different tube types, and different tube feeding solutions. The in-services will be given at 12p and 2p allowing staff to attend at their preference and for compliance.

8/7/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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PRINTED: 07/19/2012  
FORM APPROVED  
OMB NO. 0938-0891

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  443418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/09/2012
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OVERTON COUNTY NURSING HOME

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LIVINGSTON, TN 38570

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F 322	<p>Continued From page 9 required assistance of two people for transfers, dressing, and bathing; received tube feeding of Jevity 1.2 calories at 50 ml (milliliters) an hour; had a foley catheter in place; and was incontinent of stool.</p> <p>Review of a hospital visit dated April 26 - May 10, 2012, revealed the resident had bronchitis, right upper extremity cellulitis, sepsis, and absent gag reflex. Continued review of the April 26, 2012 admission revealed the resident had a percutaneous endoscopic gastro tube (tube inserted directly into the stomach) (PEG) in place and a jejunostomy tube (JET) inserted as well because the resident had recurrent aspirations (fluids backed up into lungs). Further review of the discharge summary revealed " ...Specifically the nurses will be instructed the medications must be very thin to go through this JET tube. This is a much thinner diameter than the PEG. They are not to attempt to force thick medication through this tube. They will need to flush thoroughly after each medication pass ...".</p> <p>Review of the physician's readmission orders dated May 10, 2012, revealed a note with an asterisk beside it " ...Meds must be very thin to go through JET tube. This is much thinner diameter than PEG. Do not attempt to force thick meds through. Flush thoroughly after each med pass ...".</p> <p>Review of the Observation Record completed by the physician dated May 13, 2012, revealed resident was " ...sent back to the hospital after the nursing home staff either did not understand the restrictions for the feeding tube or were unable to comply with them or what appears to be</p>	F 322	<p>This information will be given at the in-service which the licensed nursing staff and the RD will attend. The RD meets with the MD to discuss and implement what tube feedings that work best with different feeding tubes. The RD reviews charts weekly concerning changes or diet and contacts the MD with recommendations. The charge nurse assigned the resident will change or write the orders the MD approves.</p> <p>The nursing Staff was in-serviced on 7/25/2012 at 1 and 2pm, and on 7/31/2012 by the DON concerning admission or readmission orders receiving a final check through a Registered nurse from our facility. This</p>	7/31/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445419	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/09/2012
NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 322	<p>Continued From page 10</p> <p>an error and passed medication down the wrong tube ...". Continued review of the notes revealed "...the nurse heard the tube pump start beeping about 6:30 a.m. They attempted to manually dislodge the occlusion. They attempted to flush with coke without success ...". Further review of the notes revealed "...More than likely it is a pill fragment despite being told not to do that. We have to order a whole other J-tube which would require a separate procedure which puts the patient at increased risk of another procedure and sedation which leaves me quite frustrated at this point ...".</p> <p>Review of an operative report dated May 15, 2012, revealed procedure performed was "...Change of PEG tube and change of jejunostomy tube with unclogging of the jejunostomy tube and repositioning into the duodenum via endoscope ...". Continued review of the operative report revealed the resident was sedated with 120 mg of Propofol (sedative).</p> <p>Review of Physician Documentation from the hospital dated June 17, 2012, revealed the patient presented to the Emergency Department for "...G tube not functioning...". Continued review of physician documentation on June 17, 2012, at 10:35 a.m., revealed "...the G-tube not operational while applying pressure to dislodge rupture of outer tubing the J-tube is functional have flushed 180 ml of tap water without difficulty. Spoke with...(named nurse) at nursing home of tube condition and that...should make PCP (personal care physician) aware for follow-up...". Further review of physician documentation dated June 15, 2012, at 11:36 a.m., revealed "...removed J &amp; G tube combination 20Fr</p>	F 322	<p>... is to assure that the correct orders are entered in the MARS by MD orders.</p> <p>An RN is assigned to each wing in the facility to check orders after the licensed nurse on the admitting wing has entered and noted the orders.</p> <p>The DON will review these as they are completed and notify physician with requests for changes or clarifications needed.</p> <p>The QA committee will review this quarterly in the QA meeting concerning the information found on audits performed by The QA nurse and assigned RNs for compliance.</p>	

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NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 HILBREY STREET LIVINGSTON, TN 38570		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	OCC COMPLETION DATE	
F 322	<p>Continued From page 11</p> <p>(French) tolerated well. Took out 15 ml liquid from tube; replaced immediately with G-tube 20Fr placing 20 ml of NS (normal saline) to inflate tube. Tolerated well. X-ray to check placement...".</p> <p>Review of the discharge orders revealed "...All meds are to be crushed for at least 1 min (minute) then diluted per facility policy to a very thin consistency. Meds given through G-tube. The med port is RED...".</p> <p>Review of a hospital discharge summary dated June 27, 2012, revealed the resident was admitted for dislodged jejunostomy feeding tube and chronic left lower lobe pneumonia. Further review revealed the physician's statement "...Contrary to my orders, I was not notified for almost 10 days after the tube being dislodged. Patient had been put back on regular tube feeds through the G-tube which is contraindicated in this patient who has multiple evidences of recurrent aspiration ...". Further review revealed the resident had the jejunostomy tube replaced through the PEG tube during this hospitalization.</p> <p>Review of admission orders dated June 29, 2012, revealed "...J-tube port = tube feeds only; G-tube port = meds. If J-tube becomes unusable hold tube feeds and notify MD on next business day no later than 9:00 a.m. ...".</p> <p>Medical record review revealed on June 17, 2012, the J-tube and G-tube were replaced with a G-tube only. Continued medical record review revealed the resident received medications and tube feedings through the G-tube which is contraindicated in a resident with absent gag reflex and a history of frequent aspiration. Further</p>	F 322			

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NAME OF PROVIDER OR SUPPLIER  OVERTON COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 318 BILBREY STREET LIVINGSTON, TN 38570		
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F 322	Continued From page 12 medical record review revealed the attending physician was not notified of this situation until the patient was admitted to the hospital on June 27, 2012 with the tube clogged.  During interview on July 9, 2012, at 2:50 p.m. in the sunroom, the Administrator and DON confirmed the nurse administered medications via the J-tube instead of the G-tube, causing the J-tube to become clogged and necessitated replacement of the tube. During continued interview the Administrator confirmed the physician was not notified in a timely manner the J-tube had become dislocated and was replaced with a G-tube. During further interview, the Administrator confirmed the resident received tube feeding and medications through the G-tube for ten days which increased the resident's risk of aspiration.	F 322			